## LOBBYIST MONTHLY REPORT FORM



## State of Idaho

Ben Ysursa Secretary of State

Boise, ID 83720-0080

Phone: (208) 334-2852 Fax: (208) 334-2282

To Be Filed By:

L-3

LOBBYISTS (Sec. 67-6619)

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THIS SPACE FOR OFFICE USE ONLY

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		SECRETARY OF STATE STATE OF IDAHO						
(Type or print clear See instructions at				ST	ATE OF WAH	U		
Lobbyist's name and permanent busine			Date prepared			Period covered		
Leobardo Moralo		12	1-1-08		month ending			
3450 Hill Rd				0		(Mo.) (Day) (Yr.)		
Boise, ID 8370	3				0	1 14 08		
Item Totals of all reportat	ole expenditures made o	r incurred by Lot	obyist or	by Lobbyist's Empl	oyer on behalf of Lo	bbyist's Employer.		
Category of Expenditure Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity	*Total Amount for All Employers	Proportionate am Item 3, at botton			oyer (Identify employ	vers, under		
Do Not Have to be Reported	An Employers	Employer No	. 1	Employer No. 2	Employer No. 3	Employer No. 4		
Entertainment Food and Refreshment	s	\$	:	<b>5</b>	\$	\$		
Living Accommodations	/ <i>y</i>				-			
Advertising	$- \varphi$					_		
Travel	8			<del></del>		_		
Telephone	$-\tilde{\mathcal{O}}$							
Other Expenses or Services								
Total	s	s	!	\$	s	s		
*When the number of employers yo	n are reporting for requir	l es multiple L-3 fo	orms to be	e filed a total amoun	t for all employers sho	ould be entered on Page 1.		
Item The totals of each expendi								
2 Date	Place		Amount	Names of Legis	lators, Public and Exe	cutive Officials in Group		
Continued on attached page(s)	NA	**************************************		The second secon	n (193 <b>Man<sub>mani</sub>)</b>			
	RUCTIONS		Item 3	Er	nployer(s) Name(s) and	Address(es)		
INST			TAUL C	L. Ato	Alal a de			
Who should file this form: A 67-6617 Idaho Code	nder Section	No. 1	3450 H	il Rd Ba	n Network			
Filing deadline: Monthly re month for activities of the past		10) days of the	No. 2					
TO BE FILED WITH:  Ben Ysursa  Secretary of State								
	Box 83720							

No. 4

Item 4	Expenditures made by the lobbyist or by the lobbyist's employer in the nature of contributions of money or other tangible or intangible personal property to any Legislator, Public or Executive Official or for or on behalf of any Legislator, Public or Executive Official.										
	D	Date Amount		Name of Legislator, Public or Executive Official Receiving or Benefiting							
			of proposed legislati	on, the number of the Senate		I ECICIATIVE CITE	UECT	IDENTIFIC ATION			
Item 5				legislative activity in which		LEGISLATIVE SUBJECT IDENTIFICATION					
Subject (from	Code	Bill, Re	as supporting or op esolution or Other ive Ident. Number	Appropriation Bill Number and Section Number	01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16	Subject Agriculture, horticulture, farming, and livestock Amusements, games, athletics and sports Banking, finance, credit and investments Children, minors, youth, senior citizens Church and religion Consumer affairs Ecology, environment, pollution, conservation, zoning, land and water use Education Elections, campaigns, voting, political parties Equal rights, civil rights, minority affairs Government, financing, taxation, revenue, budget, appropriations, bids, fees, funds Government, county Government, federal Government, special districts Government, special districts	20 21 22 23 24 25 26 27 28 29 30	Subject Health service, medicine, drugs and controlled substances, health insurance, hospitals Higher education Housing, construction, codes Insurance (excluding health insurance) Labor, salaries and wages, collective bargaining Law enforcement, courts, judges, crimes, prisons License, permits Liquor Manufacturing, distribution and services Natural resources, forest and forest products, fisheries, mining and mining products Public lands, parks, recreation Social insurance, unemployment insurance, public assistance, workmen's compensation Transportation, highways, streets and roads Utilities, communications, televisions, radio, newspaper,			
Item 6	bid or	bid proce	-	ision, procurement, contract es or bond lobbyist was		CERTIFICATION: I hereby certificorrect statement in accordance w	vith Sec	power, CATV, gas Other (please specify)  the above is a true, complete and			